

Personal Protective Equipment Issue

PERSONAL DETAILS - PLEASE COMPLETE IN FULL

First Name CHUN KI Surname GBNG Date 30-06-2016
 Occupation Refractory
 Employer 710 Id number 11333

CODIGOS	Description/ Descripcion	New Issue/ tema nuevo	Wear & Tear/ Degasta	Lost/ perdido	Size / tamano	Quantity / cantidad
	Overalls/Batas	☐	☐	☐		
	Mask/mascarilla	☐	☐	☐		
	Filters/filtros	☐	☐	☐		
187524	Safety Boots/botas de seguridad	☐	☒	☐	45/48	1
	Rubber Boots/botas de goma	☐	☐	☐		
	Hard Hat/Casco	☐	☐	☐		
	Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
	Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
	Gloves/guantes	☐	☐	☐		
	Vest /chaleco	☐	☐	☐		
	Jacket/chaqueta	☐	☐	☐		
	Harness/ ames	☐	☐	☐		
	Linea de vida	☐	☐	☐		
	Capotes	☐	☐	☐		
	Other	☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

Approving Supervisor

Name FENG DING HUI Date 30-06-2016
 Signature [Signature] Position Safety supervisor

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.
 Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name GBNG CHUN KI Date 30-06-2016
 Signature [Signature] Position Refractory

Personal Protective Equipment Issue

PERSONAL DETAILS – PLEASE COMPLETE IN FULL

First Name COKOY Surname Punzalan Date 07/1/16
 Occupation MECHANICAL
 Employer FCD 11500

Description/ Descripcion	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
Overalls/Batas	☐	☐	☐		
Shirts/Camisas	☐	☐	☐		
Pants/Pantalones	☐	☐	☐		
Safety Boots/botas de seguridad	☐	☐	☐		
187530 Rubber Boots/botas de goma	☐	☐	☒	13 13	1
Hard Hat/Casco	☐	☐	☐		
Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
Gloves/guantes	☐	☐	☐		
Vest /chaleco	☐	☐	☐		
Jacket/chaqueta	☐	☐	☐		
Other:	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		

Approving Supervisor

Name ROVIN Pinda Date 07-1-16
 Signature [Signature] Position MILLWRIGHT

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name COKOY Punzalan Date 07/1-16
 Signature [Signature] Position MECHANICAL

Personal Protective Equipment Issue

PERSONAL DETAILS - PLEASE COMPLETE IN FULL

First Name FRANCIS Surname DELGADO Date _____
 Occupation MILLWRIGHT
 Employer ACD Id number 11135

CODIGOS	Description/ Descripción	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
	Overalls/Batas	☐	☐	☐		
	Mask/mascarilla	☐	☐	☐		
	Filters/filtros	☐	☐	☐		
	Safety Boots/botas de seguridad	☐	☐	☐		
187543	Rubber Boots/botas de goma	☒	☐	☐	49	1
	Hard Hat/Casco	☐	☐	☐		
	Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
	Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
	Gloves/guantes	☐	☐	☐		
	Vest /chaleco	☐	☐	☐		
	Jacket/chaqueta	☐	☐	☐		
	Harness/ arnes	☐	☐	☐		
	Linea de vida	☐	☐	☐		
	Capotes	☒	☐	☐		
	Other	☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

Approving Supervisor

Name Isabel Escobar Date 01-07-2016
 Signature [Signature] Position Capataz de H/A/C

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name FRANCIS DELGADO Date _____
 Signature [Signature] Position MILLWRIGHT

Personal Protective Equipment Issue

PERSONAL DETAILS – PLEASE COMPLETE IN FULL

First Name FELIX Surname EBRERO Date 01/07/16
 Occupation M/W
 Employer FOALC Id number 11215

CODIGOS	Description/ Descripcion	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
	Overalls/Batas	☐	☐	☐		
	Mask/mascarilla	☐	☐	☐		
	Filters/filtros	☐	☐	☐		
	Safety Boots/botas de seguridad	☐	☐	☐		
187550	Rubber Boots/botas de goma	☒	☐	☐	48	
	Hard Hat/Casco	☐	☐	☐		
	Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
	Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
	Gloves/guantes	☐	☐	☐		
	Vest /chaleco	☐	☐	☐		
	Jacket/chaqueta	☐	☐	☐		
	Harness/ arnes	☐	☐	☐		
	Linea de vida	☐	☐	☐		
187537	Capotes	☒	☐	☐		1
	Other	☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

Approving Supervisor

Name Sgt. J. P. 455

Date 01/7/2016

Signature [Signature]

Position

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierda será reemplazado en su cargo

Received By

Name Felix Ebrero

Date 01/7/16

Signature [Signature]

Position M/W

Personal Protective Equipment Issue

PERSONAL DETAILS - PLEASE COMPLETE IN FULL

First Name MICHAEL Surname PANDAN Date 01/07/2016
 Occupation FOREMAN MILLWORK
 Employer RED Id number 9492

CODIGOS	Description/ Descripcion	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
	Overalls/Batas	☐	☐	☐		
	Mask/mascarilla	☐	☐	☐		
	Filters/filtros	☐	☐	☐		
	Safety Boots/botas de seguridad	☐	☐	☐		
187556	Rubber Boots/botas de goma	☒	☐	☐	10	1
	Hard Hat/Casco	☐	☐	☐		
	Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
	Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
	Gloves/guantes	☐	☐	☐		
	Vest /chaleco	☐	☐	☐		
	Jacket/chaqueta	☐	☐	☐		
	Harness/ ames	☐	☐	☐		
	Linea de vida	☐	☐	☐		
187537	Capotes	☒	☐	☐		1
	Other	☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

Approving Supervisor

Name MICHAEL PANDAN

Date 01/07/2016

Signature [Signature]

Position FOREMAN MILLWORK

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name [Signature]

Date 01/07/2016

Signature [Signature]

Position F/om MILLWORK

Personal Protective Equipment Issue

PERSONAL DETAILS – PLEASE COMPLETE IN FULL

First Name Miguel Escobar Surname Escobar Gamio Date 01-07-2016
 Occupation Capataz de mantenimiento
 Employer F.C.D. Id number 8189

CODIGOS	Description/ Descripción	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
	Overalls/Batas	☐	☐	☐		
	Mask/mascarilla	☐	☐	☐		
	Filters/filtros	☐	☐	☐		
	Safety Boots/botas de seguridad	☐	☐	☐		
	Rubber Boots/botas de goma	☐	☐	☐		
	Hard Hat/Casco	☐	☐	☐		
1875 71	Safety Glasses clear/gafas de seguridad claras	☒	☐	☐		12
1876 47	Safety Glasses Dark/gafas de seguridad oscuros	☒	☐	☐		12
1838 24	Gloves/guantes	☒	☐	☐		12
	Vest /chaleco	☐	☐	☐		
	Jacket/chaqueta	☐	☐	☐		
	Harness/ ames	☐	☐	☐		
	Linea de vida	☐	☐	☐		
	Capotes	☒	☐	☐		
	Other	☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

Approving Supervisor

Name Miguel Escobar

Date 01-07-2016

Signature [Signature]

Position _____

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierda será reemplazado en su cargo

Received By

Name Miguel Escobar

Date 01-07-2016

Signature [Signature]

Position Capataz de mantenimiento

Personal Protective Equipment Issue

PERSONAL DETAILS - PLEASE COMPLETE IN FULL

First

Name

MEY ANTHONY

Surname

MORTEL

Date

Occupation

SAFETY OFFICER

Employer

FCD

10168

Description/ Descripcion	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
Overalls/Batas	☐	☐	☐		
Shirts/Camisas	☐	☐	☐		
Pants/Pantalones	☐	☐	☐		
Safety Boots/botas de seguridad	☒	☒	☐	<u>XX</u>	<u>1</u>
Rubber Boots/botas de goma	☐	☐	☐		
Hard Hat/Casco	☐	☐	☐		
Safety Glasses clear/gafas de seguridad claras	☒	☐	☐		<u>1</u>
Safety Glasses Dark/gafas de seguridad oscuros	☒	☐	☐		<u>1</u>
Gloves/guantes	☐	☐	☐		
Vest /chaleco	☐	☐	☐		
Jacket/chaqueta	☐	☐	☐		
Other:	☐	☐	☐		
<u>187537</u> CAPOTE	☒	☐	☐		<u>1</u>
<u>187647</u> LATA DE OXIGENO	☒	☐	☐		

Approving Supervisor

Name

Romano Jaramila

Date

01/07/16

Signature



Position

SAFETY

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierda será reemplazado en su cargo

Received By

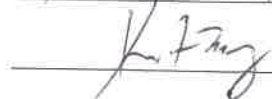
Name

ANTHONY MORTEL

Date

07/01/2016

Signature



Position

SAFETY OFFICER

Personal Protective Equipment Issue

PERSONAL DETAILS – PLEASE COMPLETE IN FULL

First Name RENIE Surname VALDEZ Date 01-07-16
 Occupation MECHIL FILTER
 Employer FCD Id number 11501

CODIGOS	Description/ Descripcion	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantit. / cantidad
	Overalls/Batas	☐	☐	☐		
	Mask/mascarilla	☐	☐	☐		
	Filters/filtros	☐	☐	☐		
	Safety Boots/botas de seguridad	☐	☐	☐		
<u>187556</u>	Boots/botas de goma	☒	☐	☐	<u>10</u>	<u>1</u>
	Hard Hat/Casco	☐	☐	☐		
	Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
<u>187647</u>	Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		<u>1</u>
	Gloves/guantes	☐	☐	☐		
	Vest /chaleco	☐	☐	☐		
	Jacket/chaqueta	☐	☐	☐		
<u>187529</u>	Harness/ arnes	☒	☐	☐		<u>1</u>
<u>187673</u>	Linea de vida	☐	☐	☐		<u>1</u>
	Capotes	☐	☐	☐		
	Other	☐	☐	☐		
		☐	☐	☐		

Approving Supervisor

Name Wilfredo Arce Date 1-7-16
 Signature [Signature] Position M. Facilitador

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name RENIE VALDEZ Date 01-07-2016
 Signature [Signature] Position MECHIL FILTER

Personal Protective Equipment Issue

PERSONAL DETAILS - PLEASE COMPLETE IN FULL

First

Name

Javier Sauter

Surname

Date

1 of 26

Occupation

Employer

FCD

ID 5585

Description/ Descripcion	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
Overalls/Batas	☐	☐	☐		
Shirts/Camisas	☐	☐	☐		
Pants/Pantalones	☐	☐	☐		
Safety Boots/botas de seguridad	☐	☐	☐		
Rubber Boots/botas de goma	☐	☐	☐		
187675 Hard Hat/Casco	☒	☐	☐	<u>A</u>	<u>1</u>
187571 Safety Glasses clear/gafas de seguridad claras	☒	☐	☐		<u>1</u>
Safety Glasses Dark/gafas de seguridad oscuros	☐	☐	☐		
Gloves/guantes	☐	☐	☐		
Vest /chaleco	☐	☐	☐		
Jacket/chaqueta	☐	☐	☐		
Other:	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		

Approving Supervisor

Name

Date

Signature

Position

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name

Date

1-07-06

Signature

Position

Personal Protective Equipment Issue

PERSONAL DETAILS - PLEASE COMPLETE IN FULL

First Name Ronaldo ILOCO **Surname** Gutierrez **Date** 2-07-2016
Occupation SOLDADOR
Employer FCD ID = 11242

Description/ Descripcion	New Issue/ tema nuevo	Wear & Tear/ Degaste	Lost/ perdido	Size / tamano	Quantity / cantidad
Overalls/Batas	☐	☐	☐		
Shirts/Camisas	☐	☐	☐		
Pants/Pantalones	☐	☐	☐		
Safety Boots/botas de seguridad	☐	☐	☐		
Rubber Boots/botas de goma	☐	☐	☐		
Hard Hat/Casco	☐	☐	☐		
Safety Glasses clear/gafas de seguridad claras	☐	☐	☐		
187647 Safety Glasses Dark/gafas de seguridad oscuros	☒	☒	☐		
187649 Gloves/guantes - soldador	☒	☐	☐		1
Vest /chaleco	☐	☐	☐		1
Jacket/chaqueta	☐	☐	☐		
Other:	☐	☐	☐		
	☐	☐	☐		
	☐	☐	☐		

Approving Supervisor

Name _____ **Date** 2-07-16
Signature [Signature] **Position** Kapata

Note: You are responsible for the safe keeping of this PPE equipment. PPE equipment that is lost will be replaced at your expense.

Nota: Usted es responsable de la custodia de este equipo PPE. Equipos PPE que se pierde será reemplazado en su cargo

Received By

Name Ronaldo ILOCO **Date** 2-07-16
Signature [Signature] **Position** SOLDADOR